# Permitting Procedure for Importation of Poultry, Hatching Eggs or Poultry Waste from Highly Pathogenic Avian Influenza (HPAI) States

Only poultry or hatching eggs originating from HPAI states (<a href="http://bit.ly/1M84oGH">http://bit.ly/1M84oGH</a>) moving into New Jersey live bird markets, require a permit and 72 hour test (see testing requirements, as follows). For importation of all other poultry and hatching eggs, SEE Poultry Import Requirements <a href="http://bit.ly/1KgvgUL">http://bit.ly/1KgvgUL</a>.

For poultry or hatching eggs originating from HPAI states (http://bit.ly/1M84oGH) moving into New Jersey live bird markets:

- 1. The poultry or hatching eggs are approved and provided a permit by the State Veterinarian; and
- 2. The poultry or hatching eggs meet testing requirements as follows:
  - a. All poultry shall originate and move directly from an established flock in which a minimum of thirty birds, seven days of age and older, were tested negative for Avian Influenza using real-time reverse-transcriptase polymerase chain reaction (rRT-PCR). If the flock contains less than thirty birds, all birds from within the flock must be tested.
  - b. rRT-PCR testing is accepted for all gallinaceous poultry and domestic ducks. The date of sample collection must be within seventy-two hours prior to the date of entry into New Jersey and the shipment must be accompanied by a copy of the finalized laboratory report indicating that the poultry tested negative for avian influenza.
  - c. Only virus isolation testing is accepted for movement of waterfowl other than domestic ducks, into the State of New Jersey. Negative avian influenza virus isolation results are not expected within 72 hours of sample collection date, therefore, prior approval for movement of waterfowl other than domestic ducks must be obtained from with the New Jersey State Veterinarian.
- 3. All hatching eggs and poultry less than seven days of age shall originate and move directly from an established flock that meets the testing requirements of 2.b.i., above.
- 4. The collection date, collection time, laboratory result, laboratory accession number and laboratory name must be recorded on the CVI accompanying the shipment. A copy of the laboratory report must also accompany the shipment.

No poultry waste shall be imported from HPAI states (<a href="http://bit.ly/1M84oGH">http://bit.ly/1M84oGH</a>) without prior approval and permit issued by the State Veterinarian.

To view the Emergency Rule amendments, follow the link below:

http://www.nj.gov/agriculture/divisions/ah/diseases/avian\_influenza.html

#### **PERMITTING PROCEDURE:**

#### **STEP ONE:**

Print and complete the form below and send to the Division of Animal Health by email or fax.

Email - state.veterinarian@ag.state.nj.us

Fax - 609-671-6413

This form is to be used to facilitate the receipt of information. Submission of this form is not a permit for movement.

### **STEP TWO:**

Call the Division of Animal Health at **609-671-6400**, Monday through Friday, with the exception of holidays, from 8:45 AM to 4:45 PM (EST), to confirm the Division's receipt of the information.

### STEP THREE:

If the application is complete, a permit number will be issued and a copy of the completed form with permit number will be emailed or faxed back to the requester.



## Department of Agriculture - Division of Animal Health PO Box 330 Trenton NJ 08625-0330 http://www.state.nj.us/agriculture

For official use Permit #

## **HPAI Permit Request Form**

Caller/Requester Information					
Name					
Phone numbers	Phone:		Fax:		
Email address					
Relationship to shipment (producer, office clerk)					
Shipment Origin					
Premises name					
Name of person responsible for the shipment					
Phone numbers	Phone:		Fax:		
Premises mailing address	Number	Street name		City	Zip Code
Premises ID or GPS coordinates					
Premises physical location (if different from mailing address)	Number	Street name		City	Zip Code
(ii dinerent nom maining address)					
Premises ID or GPS coordinates					
<b>Shipment Information</b>	Quantity		Shipment date		
Live poultry					
Hatching eggs					
Poultry waste					
<b>Shipment Destination</b>	- !		·		
Premises name					
Name of person responsible for the shipment					
Phone numbers	Phone: Fax:				
Premises mailing address	Number	Street name		City	Zip Code
Premises ID or GPS coordinates					
Premises physical location (if different from mailing address)	Number	Street name		City	Zip Code
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Premises ID or GPS coordinates					
Applicant's signature	i				
The undersigned hereby applies for a permit to import	poultry waste, live poult	try or hatching eggs. In s	igning this form. I ce	rtify the resp	onses/entries
are true. I am aware if any of the responses/entries are	willfully false, I am su	bject to punishment. I ce	ertify that I will comp	oly with all r	equired New
Jersey and federal animal health laws, regulations, and directives. I will notify the New Jersey Department of Agriculture of any change in the foregoing information before shipping and changes in shipment origin, information and/or destination require a new permit request.					
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Date	Applicant's Name (Prin	Applicant's Signature			